

SUPPLEMENTAL STATEMENT OF FACTS - MINOR PARENT

The Minor Parent Rule says you can get cash aid if you are under 18 years of age and have never been married and are pregnant or have a dependent child in your care, only if you and your child live with your parent(s), legal guardian, other adult relative, in a group home, or in a maternity home. Your cash aid will be paid to that adult.

The Minor Parent Rule may not apply if you meet one of the following conditions:

- 1) A child protective services worker determines that it's not physically or emotionally safe for you to live with your parent(s) or legal guardian; or
- 2) Your parent(s) or legal guardian is dead; or you don't know where they live; or they won't let you live with them; or

- 3) You have lived apart from your parent(s) or legal guardian for at least one year before the birth of your child or application for cash aid; or
- 4) You are legally emancipated.

If you are living apart from your parent(s) or legal guardian, and one of the above-listed conditions apply, your case will be referred for minor parent services.

Complete the questions below. If you need more space, attach another sheet of paper. If you need help, ask your worker.

① YOUR NAME (FIRST, MIDDLE INITIAL, LAST) CURRENT ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD, ETC.) APT. NO. CITY ZIP CODE	DATE OF BIRTH PHONE NUMBER MESSAGE PHONE NUMBER	SOCIAL SECURITY NUMBER	COUNTY USE ONLY								
② DO YOU LIVE WITH YOUR PARENT(S), OR A LEGAL GUARDIAN, OR IN A GROUP OR MATERNITY HOME? <input type="checkbox"/> YES If "YES", list who and relationship and sign and date item ⑦ in the Certification Section. <input type="checkbox"/> NO If "NO", explain why not and for how long and complete items ③ through ⑦.			CASE NAME CASE NUMBER EW NAME AND NUMBER PHONE NUMBER REFERRAL FOR <input type="checkbox"/> RISK ASSESSMENT FOR SAFETY ISSUE <input type="checkbox"/> AFDC IMMEDIATE NEED <input type="checkbox"/> MINOR PARENT MEETS THE FOLLOWING EXEMPTION(S): <input type="checkbox"/> No living parent(s)/legal guardian <input type="checkbox"/> Parent(s)/legal guardian's whereabouts unknown. <input type="checkbox"/> Has lived on own for 12 mo. <input type="checkbox"/> Emancipated <input type="checkbox"/> Not allowed to live at home								
③ NAME OF YOUR MOTHER (FIRST, MIDDLE INITIAL, LAST) CURRENT ADDRESS NUMBER, STREET CITY STATE ZIP CODE			REFERRED TO CWS ON _____ COMMENTS:								
④ NAME OF YOUR FATHER (FIRST, MIDDLE INITIAL, LAST) CURRENT ADDRESS NUMBER, STREET CITY STATE ZIP CODE											
⑤ DOES THE OTHER PARENT OF YOUR CHILD(REN) OR UNBORN LIVE WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER PARENT'S NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH PHONE NUMBER CURRENT ADDRESS NUMBER, STREET CITY STATE ZIP CODE											
⑥ LIST EVERYONE LIVING IN THE HOME. IF YOU ARE PREGNANT, LIST CHILD AS "UNBORN" AND GIVE DUE DATE. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NAME OF YOUR CHILD</td> <td style="width: 25%;">DATE OF BIRTH OR DUE DATE</td> <td style="width: 50%;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP TO YOU</td> <td>NAME</td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP TO YOU</td> <td>NAME</td> </tr> </table>				NAME OF YOUR CHILD	DATE OF BIRTH OR DUE DATE	SOCIAL SECURITY NUMBER	NAME	RELATIONSHIP TO YOU	NAME	NAME	RELATIONSHIP TO YOU
NAME OF YOUR CHILD	DATE OF BIRTH OR DUE DATE	SOCIAL SECURITY NUMBER									
NAME	RELATIONSHIP TO YOU	NAME									
NAME	RELATIONSHIP TO YOU	NAME									
CERTIFICATION											
<ul style="list-style-type: none"> I understand to get cash aid I must meet the minor parent rule or an exemption to the rule. I authorize the county to check and verify the facts I provided on this statement of facts. I declare under penalty of perjury under the laws of the United States and the State of California that the information in this statement of facts is true, correct, and complete. 											
⑦ YOUR SIGNATURE SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT			CWS: DOES SAFETY ISSUE EXIST? <input type="checkbox"/> YES <input type="checkbox"/> NO RETURNED TO EW ON _____ COMMENTS: CWS SUPERVISOR DATE SOCIAL WORKER NAME/NUMBER CWS PHONE NUMBER								